

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390330	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/03/2023
NAME OF PROVIDER OR SUPPLIER: ST. LUKE'S HOSPITAL - MONROE CAMPUS		STREET ADDRESS, CITY, STATE, ZIP CODE: 100 ST. LUKE'S LANE STROUDSBURG, PA 18360			
STATE LICENSE NUMBER: 24230101					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
P 0000	<p>INITIAL COMMENT</p> <p>This report is the result of an occupancy survey completed on May 3, 2023, at St. Luke's Hospital - Monroe Campus which included renovations to add one patient treatment room to Outpatient Wound Management Center located at 200 St. Luke ' s Lane, Suite 201, Stroudsburg, PA 18360. Based on the occupancy survey, it was determined the facility was in compliance with all applicable requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 Pa Code, Part IV, Subparts A and B, November 1987, as amended June 1998 and the current edition of the Guidelines for Design and Construction of Hospital and Health Care Facilities.</p>	P 0000			

(X6) DATE:



Certified End Page

ST. LUKE'S HOSPITAL - MONROE CAMPUS

STATE LICENSE NUMBER: 24230101

SURVEY EXIT DATE: 05/03/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY